OPERATIVE NEUROSURGERY. By E. Stephens Gurdjian, M.D., Ph.D. Second Edition. (Pp. 577; figs. 130. 136s.) London: Baillière, Tindall & Cox, 1964.

THE name of Gurdjian, associated as it is with five assistant authors from Wayne State University College of Medicine, in particular the now retired John E. Webster, is a guarantee that this book has been carefully and completely compiled, and carries the hallmark of long experience in the theatre and the research laboratory.

Beginning with a review of modern diagnostic aids, it goes on to describe methods and neurosurgical means in general. After an over-short description of post-operative care, cerebral topography and blood supply are described, and the rest of the book is devoted to operative indications and techniques.

Each procedure is described in detail and illustrated with line drawings, and, although inevitably every individual surgeon will disagree with certain minutiæ in procedure which he has modified in his own practice, everything that the neurosurgeon in training requires to know is there.

It is for him that this book has been written, together with general surgeons who have to treat neurosurgical problems. It is certain that it will occupy an important place in American departmental libraries, particularly in the many hospitals where interns may have to rely on their own judgements and techniques at an earlier stage in their training, and in smaller hospitals where the trained intern is doing two years' practice before doing his boards, often without the help of a more mature colleague.

In this country the trainee is seldom without an experienced mentor, and one is tempted to make the smug and timeworn remark that surgeons who can operate on the nervous system do not require a book like this, and those who do require it should not operate on the nervous system. This would, however, be unfair criticism and, although it may not be widely used in this country under present conditions, it will be an invaluable standby for any surgeon in the many countries where neurosurgical procedures, particularly emergency ones, have to be carried out in areas geographically removed from a neurosurgical centre.

The book has been lavishly illustrated by a splendid medical artist, and every step in each procedure is carefully described and delineated. A. R. T.

CONGENITAL HIP PATHOLOGY IN THE NEWBORN. By Stanko Stanisavljevic, M.D. (Pp. 94; figs. 133. 52s.) London: Baillière, Tindall & Cox, 1964.

DURING the period 1958 to 1962 Dr. Stanisavljevic personally examined the hips of 6,000 newborn babies. He also examined and then dissected 300 hips in 150 stillborn and newborn babies who died within 24 hours.

Dr. Stanisavljevic is in agreement with other authors on the value of the Ortolani test. Any delay in commencing treatment led to greater difficulty and a longer period before the X-ray appearance of the hip returned to normal.

In his post mortem material he discovered three hips with a negative Ortolani test, but positive telescoping. Dissection revealed marked deformity of the acetabulum and of the head of the femur. It is reassuring that two clinical cases with similar findings responded to conservative treatment.

Four children with stable hips at birth developed a dislocation or subluxation within three months. This finding is at variance with the work of von Rosen and Barlow, who did not have any cases where a hip which was stable at birth later dislocated.

The author has attempted the difficult task of distinguishing between normal and abnormal in the radiography of the hip in the newborn. Unfortunately, the prints are too small for accurate examination.

This is a helpful study to anyone attempting to diagnose and treat congenital dislocation of the hip in the newborn. However, the diagnosis will continue to be made on clinical rather than radiographic findings. J. P.